Washington State System Transformation Initiative

SHB 2654 Work Group Session 1: Background

TRIWEST GROUP

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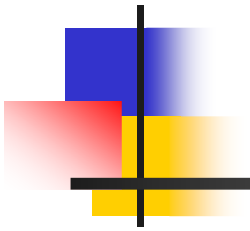

Work Group Focus

Work Group Products (from SHB2654)

(2) " . . . develop the report . . . amendment of the Medicaid waiver and mental health state plan, in cooperation with a group of mental health consumers and family members."

(1) Help DSHS "prepare a report on strategies for developing consumer and family run services. The report shall include the following:

a) A plan for implementation of consumer and family run services in Washington;

b) Amendment of the mental health waiver and state plan related to utilization of Medicaid for financing of services provided by community service agencies;

Work Group Products (cont)

c) Identification of funding and resources needed for implementation of these services;

d) Recommendations related to licensing or certification requirements that should be applied to community service agencies;

e) Recommendations related to assuring the services provided by community service agencies are integrated with other treatment services; and

f) Technical assistance needed to assist community service agencies to organize and become licensed or certified and eligible for receipt of Medicaid funding."

Project Roles and Time Line

- Participant roles:
  - ✓ Convener – Mental Health Division staff, at the request of Director Richard Kellogg, to help MHD respond to SHB 2654
  - ✓ Members – Work group members will work together to (1) guide the development of the project products, (2) develop products during three work group sessions, and (3) participate as appropriate in activities between work group sessions
  - ✓ Consultant – TriWest Group will (1) facilitate work group meetings, (2) gather and synthesize information between meetings, and (3) develop the written work group products with the guidance of the work group
- Three all day work group meetings:
  - ✓ Meeting One: April 29, 2008 – To gather work group input
  - ✓ Meeting Two: July 2008 (projected) – To draft report content
  - ✓ Meeting Three: September 2008 (projected) – To finalize report content
- All report content will be delivered to MHD by October 2008

Objectives for Work Group Meeting 1

- Leave the meeting with all work group members satisfied that they have provided the input they came today to bring
- Gather specific input in four areas:
  - ✓ Consumer/family-run services to promote
  - ✓ How these services should be financed
  - ✓ How these services should be licensed and / or certified
  - ✓ Technical assistance needed

Proposed Work Group Ground Rules

- Value and respect the input of everyone
- Recognize that we are all passionate about our perspectives – and perspectives may differ
- Assume that we will recommend the promotion of multiple consumer / family-run services and multiple methods to fund and support them
- Work toward consensus, but ensure that our input represents the full range of perspectives
- Other ideas?

Input from Past Initiatives

The System Transformation Initiative
Benefit Redesign Findings and
Mental Health Transformation

STI, MHT, and SHB 2654

- Significant stakeholder input was gathered from November 2006 to June 2007 on priorities for consumer-run, recovery-focused, and culturally relevant services.
- The STI Benefit Design report integrated that with information from hundreds of people gathered through the Mental Health Transformation Project.
- Goal is to share that information today so that Workgroup Members can benefit from what consumers and family members have already shared with us about consumer and family-run services
- Focus of the STI projects was broader than SHB 2654:
  - ✓ Access to RSN services, particularly Medicaid; and
  - ✓ Improving the effectiveness of the available service array.
- Additional information on STI can be found at: http://www1.dshs.wa.gov/Mentalhealth/STI.shtml

Findings on Promoting Best Practices

- Analysis of Washington's State Medicaid Plan and Waiver
  - ✓ Carried out comparisons of WA to AZ, CO, NM and PA.
  - ✓ WA's State Plan is very flexible; able to promote wide range of practices.
  - ✓ Federal Center for Medicare and Medicaid Services is increasingly strict.
- Major limitations applying EBPs / Promising Practices in "real world"
  - ✓ **Efficacy** in studies does not equal **effectiveness** in practice
  - ✓ Research lacking in typical practice settings with vacancies, turnover, differential staff training, comorbid conditions
  - ✓ Very few major EBP/PPs directly incorporate cultural considerations

Findings on Promoting Best Practices

- It does not work to simply mandate best practices across the board
  - ✓ Best practice to work to systematically promote a handful of practices
  - ✓ Infrastructure development also necessary (training, monitoring, rates)
- "Centers of Excellence" generally tied to successful statewide promotion of specific services (e.g., Wraparound, Peer Support).

STI Children Services
Stakeholder Focus Group Findings

Prioritized Support	All	Parents & Caregivers	Providers	Task Force
Participants	88	14	19	15
Consumer / Family Driven	1	1	6	1
Wraparound Related	2	2	1	3
Psychoeducation	2	4		
Home-based crisis intervention for families	4	>10	7	5
Inpatient capacity	5	>10		
Team-Based Services (e.g., FFT, MST)	6	8	2	2
Respite	7	5	8	3
Natural Supports	8	5		
Mentoring / Big Brothers, Big Sisters	9	9	2	7
School-Based	10	>10		6

STI Adult Services
Stakeholder Focus Group Findings

Prioritized Support	All	Consumers	Family	Providers	Task Force
Sample Size	88	29	11	19	15
Consumer / Family Driven	1	1	2	5	1
Relationship with individual therapist	2	2	8		9
Employment Related	3	3	3	10	2
Intensive Adult Team (PACT/ACT)	4	7	1	5	10
Housing Related	5	5	6	8	5
Psychoeducation	6	6	3	2	
Comprehensive Crisis Supports	7	>10	6	10	6
Medication Related	8	3	8		>10
Inpatient Services	9	8	3		>10
Integrated SA/MH Services	10	10	10	5	
Clubhouse	11	9	>10		6
Respite	12	>10	>10		2
Illness Management and Recovery	13	>10	>10	3	2
WRAP	14	>10	>10		10
Psychosocial Rehabilitation	15	>10		10	6
Diversion from criminal justice	18	>10	10		

STI Services Prioritization Process

- Primary goals used to prioritize practices for statewide promotion:
  - ✓ Biggest clinical impact (with emphasis on appropriate inpatient utilization)
  - ✓ Promotion of recovery and resilience
  - ✓ Promotion of culturally relevant practices and cultural competence
  - ✓ Promotion of consumer-driven, family-driven care
  - ✓ Widest and most immediate possible impact
  - ✓ Potential cost offsets

STI Service Development Overarching Recommendations

- Develop Centers of Excellence to support the implementation of those best practices prioritized for statewide implementation.
- Do not propose any changes to CMS regarding the structure of the **State Plan** for Rehabilitative Services. Future changes are likely given newly implemented TCM rules and pending Rehabilitative Rules.
- However, changes to the **Medicaid Waiver** were recommended.

STI Consumer-Run Service Development Recommendations

- STI recommendations are primarily for the Medicaid benefit.
- RSNs leading in the delivery of peer support directly fund this through block grant and other less restricted funds.
- Informants thought only a few (1-3) consumer-run agencies would be able to participate in Medicaid, given TA needs and developmental challenges.
- Report prioritized this anyway because (1) that is what consumers and families clearly asked for and (2) its potential transformative effect.

STI Consumer-Run Service Development Recommendations for Medicaid

- Develop consumer-run service provider type based on Arizona's Community Service Agency (CSA) model.
- CSA should be able to deliver peer support.
- Washington's peer support definition is currently very broad and would allow delivery of drop-in centers, WRAP, and Wraparound by peer support specialists.
- Funding for peer support already built into the rates and underutilized.
- Report recommended developing a "Center of Excellence" by almost tripling current training budget from $150,000 to $425,000. This would impact all peer support.

STI Consumer-Run Service Development Recommendations: Arizona's CSA Model

- Arizona developed a Community Service Agency (CSA) certification model for providers of "non-licensed behavioral health services."
- CSAs are able to provide a range of Medicaid and non-Medicaid services that do not require delivery by a licensed behavioral health clinician, including psychosocial rehabilitation, peer support, family support, day programs, respite care, and transportation services.
- While Arizona does not include Peer Support in its Medicaid State Plan, CSA staff members providing other services covered by Medicaid must meet the same criteria that staff in more traditional provider settings must meet (such as experience and supervision requirements) for any specific service type provided.
- Report recommended that Washington State establish a CSA provider type under an amended 1915(b) waiver authority for peer support.

Contacting TriWest

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